



Department of State - Business Services Division

FILED

Annual Report for the year: 2019
Corporation

JAN 09 2019

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 7124
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1. Entity ID Number 000034319		2. Exact name of the Corporation Benwin Electronics Inc.			
3. Principal Office Address 60 Pawtucket Ave			City Rumford	State RI	Zip 02916
4. NAICS Code 541219		6. Brief description of the character of business conducted in Rhode Island Submetering of Utilities design and maintenance			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert A. Winter Jr			Vice-President Name Anne M. Brum		
Street Address 56 Pawtucket Ave			Street Address 56 Pawtucket Ave		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Secretary Name Anne M. Brum			Treasurer Name Robert A. Winter Jr		
Street Address 56 Pawtucket Ave			Street Address 56 Pawtucket Ave		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert A. Winter Jr			Director Name Anne M. Brum		
Street Address 56 Pawtucket Ave			Street Address 56 Pawtucket Ave		
City Rumford	State RI	Zip 02916	City Rumford	State RI	Zip 02916
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200			Without Par Value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Robert A. Winter Jr					Date 1-6-19
Signature of Authorized Representative					
SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040